

APPLICATION FOR EMPLOYMENT

Please use ink to fill out this application.

Information provided will be verified.

An Equal Opportunity Employer

WORKFORCE DIVERSITY IS AN ESSENTIAL PART OF COMPANY'S COMMITMENT TO QUALITY AND TO THE FUTURE. WE ENCOURAGE YOU TO APPLY, WHATEVER YOUR RACE, GENDER, COLOR, RELIGION, NATIONAL ORIGIN, AGE, DISABILITY, MARITAL STATUS, SEXUAL ORIENTATION OR VETERAN STATUS. IF YOU NEED AN ACCOMMODATION TO PARTICIPATE IN THE APPLICATION PROCESS, PLEASE LET US KNOW.

PERSONAL INFORMATION

(LEGAL NAME) LAST NAME	FIRST NAME	MIDDLE NAME	TODAY'S DATE
LIST ANY OTHER NAMES USED IF DIFFERENT FROM NAME ABOVE (FOR BACKGROUND VERIFICATION PURPOSES ONLY. THIS INFORMATION WILL NOT AUTOMATICALLY DISQUALIFY YOU FROM BEING CONSIDERED FOR EMPLOYMENT.)			
PRESENT ADDRESS	CITY AND STATE	ZIP CODE	ARE YOU OVER THE AGE OF 18 YEARS?
HOME PHONE	CELL PHONE	IF OFFERED EMPLOYMENT, CAN YOU SUBMIT EVIDENCE OF YOUR LEGAL RIGHT TO WORK FOR THE COMPANY IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	

GENERAL INFORMATION

<input type="checkbox"/> YES <input type="checkbox"/> NO	Are you subject to a non-compete agreement or other agreement which would preclude or restrict your employment with us? If so, please describe.
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REFERENCES

Please list at least 3 individuals who are qualified to evaluate your capabilities, preferably managers, peers, or subordinates. DO NOT INCLUDE RELATIVES.

NAME	RELATIONSHIP	TITLE	COMPANY	HOME PHONE/WORK PHONE
1.				
2.				
3.				
4.				
5.				

Hiring Policies and Procedures

WE DO NOT DISCRIMINATE ON THE BASIS OF RACE, SEX (INCLUDING PREGNANCY), COLOR, AGE, NATIONAL ORIGIN, DISABILITY OR ANY OTHER PROTECTED STATUS. WE BASE OUR HIRING DECISIONS ON A VARIETY OF FACTORS, INCLUDING SKILLS AND ABILITY TO PERFORM THE JOB, PRIOR EMPLOYMENT EXPERIENCE, EMPLOYMENT REFERENCES AS TO CHARACTER AND WILLINGNESS TO WORK, WILLINGNESS TO ACCEPT THE OFFERED SALARY, AND PERSONAL INTERVIEWS.

EMPLOYMENT INFORMATION – Starting with your current or most recent employment, list all previous employers including self-employment, military service, summer and part-time jobs for at least the last 10 years. Must be completed in full for each employer. Writing “see resume” is not acceptable. Use additional sheet if necessary to cover years of employment. **Additionally, attach professional resume.**

1.)Organization Name:		Title:	Start Date:	End Date:
Address:			Phone:	
Name and Title of Supervisor:		May we contact?	<input type="checkbox"/> Now <input type="checkbox"/> After acceptance of offer	
Salary:	Reason for leaving:			

2.)Organization Name:		Title:	Start Date:	End Date:
Address:			Phone:	
Name and Title of Supervisor:		May we contact?	<input type="checkbox"/> Now <input type="checkbox"/> After acceptance of offer	
Salary:	Reason for leaving:			

3.)Organization Name:		Title:	Start Date:	End Date:
Address:			Phone:	
Name and Title of Supervisor:		May we contact?	<input type="checkbox"/> Now <input type="checkbox"/> After acceptance of offer	
Salary:	Reason for leaving:			

4.)Organization Name:		Title:	Start Date:	End Date:
Address:			Phone:	
Name and Title of Supervisor:		May we contact?	<input type="checkbox"/> Now <input type="checkbox"/> After acceptance of offer	
Salary:	Reason for leaving:			

U.S. MILITARY SERVICE

Branch of Service	Technical Specialization	Rank Attained

EDUCATION HISTORY

Type of School	Name and Location of School	Degree/Area of Study	Number of Years Attended	Graduated (Circle one)
High School	Name Address			Yes No
	City State Zip			
College	Name Address			Yes No
	City State Zip			
Graduate School	Name Address			Yes No
	City State Zip			
Other/Trade School	Name Address			Yes No
	City State Zip			

CERTIFICATION PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION.

I affirm that I am making this application because I am sincerely interested in being hired by **Adisa Communications** (hereby known as “the COMPANY”) and not for any other purpose.

I certify that all statements I have made on this application, on my resume, or other supplementary materials are true and correct. I hereby authorize the COMPANY to investigate the accuracy of this information from any person or organization and I release the COMPANY and all persons and organizations from all claims or liabilities of any nature arising from such investigations or the supplying of information for such investigations. I understand that if I am being considered for a position which requires driving a Company vehicle, a report examining my driving record may also be requested, and I similarly release all persons and organizations from all claims or liabilities of any nature arising from such examination or the supplying of information for such examination. I acknowledge that any false statement, significant omission, or misrepresentation on this application or supplementary materials will be cause for refusal to hire or, if employment has already begun, for immediate dismissal at any time during the period of my employment.

I will regard and preserve as confidential, and will not divulge to unauthorized persons, or use for unauthorized purposes, either during or after the term of my employment, any information, matter or thing of a then secret, confidential, or private nature connected with the business of the COMPANY without the written consent of an officer of the COMPANY. Similarly, I represent and agree that I have not and will not improperly disclose to the COMPANY any confidential business information, trade secrets, or proprietary information belonging to any former employer or other party.

I am in agreement with the COMPANY’s policy of equal opportunity in all phases of employment without regard to race, gender, color, religion, national origin, sexual orientation, age, veteran’s status, marital status, or disability.

I also understand that if employment is offered and accepted, such employment is not for any specified term and can be terminated at any time, with or without cause and with or without notice, by either the COMPANY or me. I further understand that this application is not, and is not intended to be, a contract of employment and that my at-will employment status cannot be changed except by a written document signed by the President of the COMPANY. I further understand that no supervisor, manager, or other employee or representative of the COMPANY, other than the President of the COMPANY, has the authority to change the at-will nature of my employment and that any oral promises of employment for a definite period or statements that are otherwise contrary to my at-will status are not binding upon the COMPANY.

I understand that, if offered employment, I will have three days to submit documents to verify my identity and authorization to work for the COMPANY in the U.S. and that failure to submit such documents within three days will preclude me from actually beginning employment with the COMPANY and may result in withdrawal of the COMPANY’s offer of employment to me, or, if employment has begun, will result in the termination of my employment. I certify that any documents I furnish to verify my identity and authorization to work for the COMPANY in the U.S. will be authentic and will relate to me.

I understand additional documentation will be required as a pre-condition for employment and that I may be required to submit to a drug screen, pre-employment physical and background security check. I understand and agree that my completion of this form does not guarantee that the COMPANY will offer me employment. I further understand and agree that if I am hired I am required to read and abide by all rules and regulations of the COMPANY governing the conduct of its employees, including those set forth in the COMPANY Employee Handbook.

I understand that this application, and other COMPANY paperwork, may be used interchangeably regardless of where the COMPANY locates employees, and I understand that the COMPANY is a subscriber under the Texas Workers’ Compensation Act for covered employees in that state.

Your signature reflects that you have read and understood all of the above statements and conditions of employment. Your signature further reflects that you understand and agree that any material misrepresentation or deliberate omission of the facts provided to Adisa Communications by you will justify Adisa Communications terminating its consideration of your application for employment, or, if employment has begun, terminating your employment.

Signature of Applicant	Date
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